

06-12-07.

PTO/SB/17 (10-04V2)

Approved for use through 07/31/2006, OMB 0651-0032
U.S. Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

JUN 11 2007

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

FEE TRANSMITTAL for FY 2005

Effective 10/01/2004. Patent fees are subject to annual revision.

 Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

120

Complete if Known	
Application Number	10/772,699
Filing Date	02/05/2004
First Named Inventor	Leroy M. Edwards
Examiner Name	Keith D. Walker
Art Unit	1745
Attorney Docket No.	8540G-000156 (GP-302738)

METHOD OF PAYMENT (check all that apply)				FEE CALCULATION (continued)			
<input type="checkbox"/> Check <input type="checkbox"/> Credit card <input type="checkbox"/> Money <input type="checkbox"/> Other <input type="checkbox"/> None <input checked="" type="checkbox"/> Deposit Account:				3. ADDITIONAL FEES			
Deposit Account Number		07-0960		Large Entity	Small Entity		
Deposit Account Name		General Motors Corporation		Fee Code	Fee (\$)	Fee Code	Fee (\$)
The Director is authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input checked="" type="checkbox"/> Credit any overpayments <input checked="" type="checkbox"/> Charge any additional fee(s) or any underpayment of fee(s) <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.							
FEE CALCULATION							
1. BASIC FILING FEE							
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1001	790	2001	395	Utility filing fee			
1002	350	2002	175	Design filing fee			
1003	550	2003	275	Plant filing fee			
1004	790	2004	395	Reissue filing fee			
1005	160	2005	80	Provisional filing fee			
SUBTOTAL (1)				(\$0)			
2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE							
Total Claims		Extra Claims		Fee from below	Fee Paid		
Independent Claims		-20 ** = 0		X	= 0		
Multiple Dependent		-3 ** = 0		X	= 0		
Large Entity		Small Entity					
Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description			
1202	50	2202	25	Claims in excess of 20			
1201	200	2201	100	Independent claims in excess of 3			
1203	360	2203	180	Multiple dependent claim, if not paid			
1204	200	2204	100	** Reissue independent claims over original patent			
1205	50	2205	25	** Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)				(\$0)			
*or number previously paid, if greater; For Reissues, see above							
Other fee (specify) _____							
*Reduced by Basic Filing Fee Paid							
				SUBTOTAL (3) (\$120)			

SUBMITTED BY		Complete (if applicable)			
Name (Print/Type)	Anna M. Budde	Registration No. (Attorney/Agent)	35,085	Telephone	248-641-1600
Signature	Anna M. Budde			Date	June 11, 2007

EV 755 416 687 US